Best Practice Advisory Committee
Minutes from August 1, 2006

Voting members: Trish Bleth; Bob Bohanske; Penny Free Burke; Sue Davis; Tim Dunst; Christy Dye; Joan Grey; Tom Kelly; Valley Owen; Laura Nelson; Aimee Schwartz; Teresa Bertsch; Judy Russell and Tim Davis

Non voting members: Dan Wynkoop; Mike Schafer; Judith Pickens; Leticia D'Amore; Norma Garcia-Torres; Jytte Methmann; Vicki Staples; Ed Zborower**;** Kim Skrentny and Patricia Foley

Absent: Jill Fabian

Members of the Public: Cyndi Deines; Mim Kyle.

Welcome & Introductions: - **Dr. Nelson and Christy Dye**
Christy welcomed the committee to the Inaugural Best Practice Committee meeting, followed by a round table introduction.

Dr. Nelson presented a brief overview of the work of prior Best Practice Committees that led to the formation of the current Committee, and her hopes for the work of the committee. Dr. Nelson stated that one of the goals of the first meeting was for everyone to get to know each other.

Overview of Proposed bylaws – Dr. Nelson and Christy Dye
The bylaws define the role of the DBHS Best Practices Committee. The group reviewed and discussed each section. Recommendations were made to the following sections:
Roles and responsibilities of members:
Dr. Schwartz recommended that we add: Align existing requirements with implementation of evidence based practices.
Roles and Responsibilities of working subcommittees established to research and develop statewide implementation plans for identified best practices:
The group discussed having at least one member of the committee sit on each subcommittee. The Clinical Practice Improvement Office will develop a template for subcommittees to use to record their work and for reporting back to the large committee. The template will be available for review at the next meeting.

Voting members
The group discussed several issues related to voting. It was decided that the group will use a consensus model for strategic planning and practice selection. At all other times the

group will vote and require a quorum for decision making. When significant issues are discussed the group may elect to vote to use a consensus model of decision making.
The group discussed whether members would be allowed to send proxies. It was decided that this was not acceptable. But a member could arrange with the chair person to have the chair person vote on their behalf.
The bylaws specify which members are voting members. The Clinical Practice Improvement Office will develop a Matrix of members and who they represent. This will be available for the next meeting.

Review of current DBHS initiatives that relate to the Committee:
Jytte spoke about the Child and Adolescent State Infrastructure Grant (CA-SIG). The CA-SIG is funded by both the substance abuse and mental health sides of SAMSHA. The grant runs from 9/30/04 to 9/29/09 and supports the JK plan. The state receives approximately $750,000 per year. Arizona committed in its applications to the following groups of children: Children with substance abuse issues; children involved with child welfare and juvenile justice and children birth to 5. There is an emphasis on supporting evidence based practices.
Currently the grant is supporting the following efforts:

- Developing family and youth voice within the behavioral health system
- 18 hour Pre-service curriculum for Therapeutic Foster Parents
- Curriculum for a day-long training for behavioral health staff about the unique needs of children involved with Child Protective Services.
- A variety of initiatives around children 0-5.

Leticia D'Amore spoke about the Substance Abuse Coordination Grant (SAC). The SAC Grant runs from FY05-FY08, $1.2 million for three years is allocated to address the following:

- Create age and developmentally appropriate interventions
- Focus on community , culture and family
- Establish a treatment continuum
- Infuse evidence based models
- Span service systems
- State level infrastructure and Provider Network Support (the grant supports a team of 3 staff at DBHS to give direction and support to these efforts)

Christy spoke about current DBHS initiatives:

- Methamphetamine Centers of Excellence
- Adolescent, AOD (Alcohol and other drugs)
- CFT (Child and Family Teams)
- Psychiatric Rehabilitation (BU model)
- Assessment versus Triage
- Provider Competencies

- Client directed, outcome informed

Strategic Planning
Dr. Nelson discussed scheduling a half day 4-6 hrs Strategic Planning Meeting to plan out the work of the committee. Items to be discussed include:

- How many projects to reasonably take on.
- Set timelines and establish subcommittees.
- Determine subcommittees
- Develop criteria for selecting practices to promote.
- Finalize subcommittee template

General Discussion:
The group discussed the importance of: having coaches who function as cheer leaders for new practices; good clinical supervision; social marketing; strength based assessments; more client involvement and less paperwork; assistance for staff entrenched in pathology based care and strength based recovery principles. Bob Bohansky expressed interest in having a subcommittee that addresses Practice Based Evidence. Tim Dunst spoke about the importance of understanding organizational change. Dr. Bertsch spoke about having a subcommittee address issues around implementation.

Schedule Meeting: The Best Practice Committee meets every first Tuesday of each month at ADHS, 150 N. 18th Avenue, Conference Room 215 A
The next scheduled meeting is Tuesday September 5, 2006 from 1pm-3pm in room 215B.